BEST AVAILABLE GOPY

**Application or Docket Number** 

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

_		OL AIMO A										
CLAIMS AS				(Column 1)		(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TC	OTAL CLAIMS	 						RATE	FEE	1	RATE	FEE
FO	R		NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS				€ minus 20≃		• –		X\$ 9=	<del></del>	OR	X\$18=	
INDEPENDENT CLAIMS				# minus 3 =				X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PR			RESENT					+135=		OR	+270=	
* If	the difference	in column 1 is	less than ze	less than zero, enter "0" in column 2				TOTAL		OR	TOTAL	7/0
5	mall	(Column 1)	MENDED	MENDED - PART II (Column 2) (Column 3)				SMALL	ENTITY	OR	OTHER SMALL E	THAN
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	.24	Minus	1.20		=		X\$ 9=	3600	OR	X\$18=	
AME	Independent	↑ <u>Ś</u> ENTATION OF MI	Minus	*** ~	3	=		X40=	84-0	OF.	X <del>80</del> = `	
	FIRST FILES	NIAHOW OF WA	JLHPLE DLI	PINDEI	I CLAHVI			+135=		OR	+270=	
							L Al	TOTAL DDJŽ FEE	1200		TOTAL ADDIT. FEE	
		(Column 1)			ımn 2)	(Column 3)		TC	Pd	1	AUUII.,	
AMENDMENT B	RCE	CLAIMS REMAINING AFTER AMENDMENT	,	NUM PREVIO	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.93	Minus	1-21	4_	=	$  \lfloor$	X\$ 9=		OR	X\$18=	
AM	Independent FIRST PRESE	NTATION OF MI	Minus ULTIPLE DEF	PENDENT	5 T CLAIM	]=		X40=		OR	X80=	
							<b>'</b>	+135=		OR	+270=	
							Αľ	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)	<b>-</b>					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVIO	/BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	ENTATION OF MI	JLIIPLE DEF	PENDEN	CLAIN		<sup> </sup>  -	405	$\dashv$			
	If the entry in colu	ımn 1 is less than th	he entry in colu	umn 2, w <u>ri</u> t	.e "0" in cc	: olumn 3.	L	+135= TOTAL		OR	+270=	<b></b>
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE ADDIT. FEE  TOTAL ADDIT. FEE												

FORM PTO-875 (Rev. 8/00)